



Division of Labor
Elevator, Boiler and Amusement Ride Bureau
1000 East Grand Avenue
Des Moines IA 50319-0209
Phone: 515-281-5415 or 515-281-3418
Fax: 515-242-5076
www.iowaelevators.gov

For Office Use Only

Date Approved: _____ By: _____

Permit # CPH: _____

Check #: _____ Date Received: _____

Comments: _____

Construction Personnel Hoist Application Form**Instructions**

Please type or print clearly. To prevent processing delays, submit a complete application with the payment described below and 3 copies of the construction personnel hoist design and engineering documents. The application package should be submitted at least 60 days before the planned installation.

Fees

Jump Inspection Fee: You must submit with this application a \$150.00 inspection fee for each time you plan to jump (or increase) the number of floors served.

Base Fee: If the plan is for the construction personnel hoist (CPH) to serve a maximum of 4 floors, the base fee is \$500.00.

Make checks payable to: Division of Labor/Elevators

_____ # of Jumps
X _____ \$150.00
Subtotal: _____
+ Base Fee: _____
Total Fee: _____

Inspections

A CPH must be inspected prior to first use, at least once each quarter, and prior to the first use after additional floors are added. The Division of Labor must be notified at least 7 days before a planned jump inspection.

General Contractor Information

Name	Phone Number	Building Name
Address	City	State
		Zip Code

Contact for Job Site Information

Contact First and Last Name	Job Title	Phone Number
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Job Site Information

Address	City	State	Zip Code
Manufacturer	Rated Speed	Capacity	Anticipated Removal Date
# of Landings in Initial Phase	# of Jumps Expected	Final # of Landings	

Applicant's Signature and Title_____
Date